
**Findings and
Recommendations:**

**FORENSIC
INVESTIGATIONS**

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1
2 **28. Some Metropolitan Police Department (MPD) officers impede OCME death scene**
3 **investigations.**
4

5 *a. Death scenes and bodies are disturbed prior to the arrival of OCME MLIs in*
6 *violation of the D.C. Code.*
7

8 D.C. Code § 5-1406 (a) states:
9

10 **[f]or all deaths described in § 5-1405 (b), the CME shall take**
11 **charge of the body upon the mandatory and direct notification**
12 **of the death required by subsection (b) of this section. The**
13 **CME or duly authorized representatives of the CME, shall**
14 **have the authority to respond to the scene of the death. The**
15 **body of the decedent shall not be disturbed unless the CME, or**
16 **the CME's designee, grants permission to do so.**
17

18 According to MLIs, MPD officers routinely disturb death scenes prior to the arrival of
19 OCME officials. This includes moving both the body and evidence.
20

21 MLIs stated they have requested that MPD officers not disturb the body or the scene until
22 they arrive; however, this request has not been honored on a consistent basis. MLIs also stated
23 that they have informed MPD that OCME has jurisdiction over death scene investigations. MLIs
24 stated that they are sometimes not able to accurately report on a cause of death during death
25 scene investigations because the body and crucial evidence often has either been disturbed or
26 moved.
27

28 *b. Some MPD officers delay the official pronouncement of death by not promptly*
29 *notifying OCME of all deaths subject to investigation.*
30

31 As previously noted, only the CME, other medical examiners, physicians, MLIs,
32 physician assistants, or advanced practice registered nurses are authorized by District law to
33 make a pronouncement of death. It is imperative that one of these persons be notified
34 immediately in order to determine the time of death.
35

36 D.C. Code § 5-1406 (b) states:
37

38 **[a]ll law enforcement officers, emergency medical service**
39 **(EMS) personnel, physicians, nurses, health care institutions,**
40 **nursing homes, community residential facilities, prisons, jails,**
41 **funeral directors, embalmers and other persons shall promptly**
42 **notify the OCME of the occurrence of all deaths coming to**
43 **their attention which are subject to investigation under § 5-**
44 **1405 (b) and shall assist in making the bodies and related**
45 **evidence available to a medical examiner for investigation and**
46 **autopsy.**
47

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1 D.C. Code § 5-1406 (c) further states “[a]ny person subject to the reporting requirements
2 in subsection (b) of this section who willfully fails to comply with this section shall be guilty of a
3 misdemeanor and upon conviction shall be fined not less than \$100 nor more than \$1,000.”
4

5 The team found that MPD officers sometimes fail to immediately notify OCME of a
6 homicide or suspected homicide. MLIs stated that often MPD will complete its death scene
7 investigation before notifying OCME. This delays the MLIs arrival at the scene, the OCME
8 investigation, and the official pronouncement of death.
9

10 MLIs further stated that they have verbally requested that MPD notify them immediately
11 when they become aware of a death, but this request has not been honored consistently. As a
12 result, the official time of death is often put at hours after a decedent has actually died.
13

14 Recommendation:

- 15
16 a. That the CME collaborate with the Chief of Police on clarifying, in writing, the
17 responsibilities of OCME and MPD personnel at death scenes, and that oversight
18 procedures be put in place that will ensure the integrity of all death scenes is
19 maintained.
20

21 Agree X Disagree

- 22 b. That the CME collaborate with the Chief of Police to ensure that OCME is
23 promptly notified of all deaths subject to investigations as required by the D.C.
24 Code.
25

26 Agree X Disagree

27 **MPD Comments:** The IG provided a copy of this finding to Charles Ramsey, Chief of
28 Police, Metropolitan Police Department. His response, in its entirety, is located at Appendix 14.

29 29. **OCME does not have standard, written procedures for death scene investigations,** 30 **and MLIs are not certified.** 31

32 The U.S. Department of Justice *National Guidelines for Death Investigations* state that an
33 effective on-site medicolegal death investigation is important to ensure the proper administration
34 of justice and criminal proceedings, adjudicating estates, and handling death certifications.
35 NAME recommends that agencies have written and implemented policies and procedures
36 outlining which cases require on-site investigations, to include examining the body and death
37 scene.
38

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Unlike OCME, nearby jurisdictions use trained investigators to conduct death scene investigations. MLIs can be trained and certified by the American Board of Medicolegal Death Investigators (ABMDI).²² This national, not-for-profit, independent professional certification board has been established to promote the highest professional standards for MLIs. The team found that of OCME's five MLIs, only one is certified.

OCME also does not have standard written procedures that explain when an investigator will go to a death scene, and what is to be investigated. The team found that each MLI makes his or her own determination as to whether an on-site investigation is to be conducted, and bases an examination of the body and death scene on personal experience. The team reviewed policies and procedures for surrounding jurisdictions and found that Virginia, Maryland, and Pennsylvania all have standard policies and procedures.

Without written procedures, training and certifications, District stakeholders cannot be assured that death scene investigations are being conducted properly or by properly trained and qualified individuals.

Recommendations:

- a. That the CME provide written policies and procedures for all aspects of death scene investigations.

Agree _____ Disagree X

- b. That the CME require that all MLIs be formally trained and certified.

Agree _____ Disagree X

CME's comments regarding Recommendation (a.) as received:

I cannot agree with a recommendation couched in absolute terms, e.g., "all aspects," although clearly written policies are necessary. The National Institute of Justice guidelines have been distributed and used at OCME since 1998.

OIG Response: **Actions planned and taken by OCME should adequately address the conditions noted.**

CME's comments regarding Recommendation (b.) as received:

The recommendation does not define its terms precisely enough to allow agreement. Training is obviously important, but a blanket agreement as written does not specify how much training, or what type. Certification is desirable, but not necessarily required for the job.

²² Certification requires that individuals demonstrate that they have acquired the basic knowledge and skills necessary to conduct medicolegal death investigations by successfully completing the 260 tasks identified in the Performance Training Checklist relating to the National Institutes of Justice Publication *Death Investigation: A Guide for the Scene Investigator*.

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OIG Response: **OIG recommends that the CME provide training based on criteria established by the American Board of Medicolegal Death Investigators.**

CME's comments regarding Page 69, Line 2, as received:

This is neither fair nor true. OCME MLIs are not "untrained." One came with extensive experience as an MLI in New York City. All have been to some outside professional training courses, and all have received ample on-site training by the prior Director of Investigations as well as the CME and former Deputy Chief ME. Of the three about to be hired, one comes with MLI experience and one has independently taken forensic training.

30. OCME does not obtain investigative findings from MPD, Fire and Emergency Medical Services (FEMS), and other investigative agencies.

NAME recommends that medical examiners have access to and obtain as needed the investigative findings of police, fire department, and other investigative agencies. Similarly, Title 22 DCMR § 2404.1 states, "[t]he Chief Medical Examiner shall obtain from the Homicide Section of the Metropolitan Police Department circumstantial information, medical histories, witnesses' statements, and other pertinent facts regarding deaths investigated by him or her." *Id.*

The team reviewed OCME investigative reports and found that neither MPD nor Emergency Medical Technician (EMT) investigative findings and reports are routinely obtained and included in the decedent's file. MLIs stated that they request these investigative reports but they are not always provided. As a result, OCME does not always have enough information to determine with reasonable medical certainty the cause and the circumstances of a death.

Recommendation:

That the CME work with MPD, the FEMS, and other investigative agencies, as appropriate, to ensure that all necessary investigative reports are provided to OCME promptly when requested.

Agree **X** Disagree

CME's comments regarding Recommendation as received:

OCME does often obtain such reports. Compliance with requests is not perfect, and they are not necessary in all cases, but they are frequently requested and received.